

## WEST Search History

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<input type="checkbox"/>	L1	20040180061	1
<input type="checkbox"/>	L2	L1 and skull	1
<input type="checkbox"/>	L3	L2 and neural and intracranial	1
<input type="checkbox"/>	L4	l3 and bone	0
<input type="checkbox"/>	L5	l3 and within	1
		<i>DB=PGPB,USPT; PLUR=YES; OP=AND</i>	
<input type="checkbox"/>	L6	skull.clm. or \$cranium.clm. or cranial\$.clm. or \$cranial.clm.	2276
<input type="checkbox"/>	L7	L6 and (toxin or \$toxin or neurotoxin or neuro-toxin or botox or dysport or botulinum or clostridial or tetanus or tetan\$ or btx or btn or botulin or botulinal).clm.	75
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Summary of Invention Paragraph:

[0074] "Local administration" means direct administration of a pharmaceutical at or to the vicinity of a site on or within an animal body, at which site a biological effect of the pharmaceutical is desired. Local administration excludes systemic routes of administration, such as intravenous or oral administration.

Detail Description Paragraph:

[0084] The present invention is based on the discovery that intracranial administration of a neurotoxin can provide significant and long lasting relief from a variety of different neuropsychiatric disorders. Intracranial administration permits a neurotoxin to be locally administered at a site, within a patient's cranium, that has a direct effect on the neurons involved in the disorders, and avoids complications associated with passage of the neurotoxin across the blood brain barrier. Thus, intracranial administration provides greater local dosages of a neurotoxin to a brain area than is achieved with systemic routes of administration, and avoids the non-specificity associated with systemic administration of current therapeutic agents. Indeed, systemic administration of a neurotoxin, such as a botulinum toxin, is contraindicated due to the severe complications (i.e. botulism) which can result from entry of a botulinum toxin into the patient's general circulation.

DOCUMENT-IDENTIFIER: US 6746669 B1

**\*\* See image for Certificate of Correction \*\***

TITLE: Method for down-regulating IL5 activity

CLAIMS:

10. The method according to claim 9, wherein the natural T-helper lymphocyte epitope is selected from a tetanus toxoid epitope, a diphtheria toxoid epitope, an influenza virus hemagglutinin epitope, and an epitope of P. falciparum circumsporozoite (CS) protein.

18. The method according to claim 17, wherein the adjuvant is selected from the group consisting of an immune targeting adjuvant; a toxin; a cytokine; a mycobactexial derivative; an oil formulation; a polymer; a micelle forming adjuvant; a saponin, an immunostimulating complex matrix (an ISCOM matrix); a particle; dimethyldioctadecylammonium bromide, aluminium adjuvants; DNA adjuvants; .gamma.-insulin; and an encapsulating adjuvant.

19. The method according to claim 1, wherein an effective amount of the modified IL5 polypeptide is administered to the animal via a route selected from the parenteral route; the peritoneal route; the oral route; the buccal route; the sublingual route; the epidural route; the spinal route; the anal route; and the intracranial route.

24. The method according to claim 10, wherein the tetanus toxoid epitope is selected from the group consisting of P2 and P30.

34. An immunogenic composition according to claim 33, wherein the adjuvant is selected from the group consisting of an immune targeting adjuvant; a toxin; a cytokine; a mycobacterial derivative; an oil formulation; a polymer, a micelle forming adjuvant; a saponin; an immunostimulating complex matrix (an ISCOM matrix); a particle; dimethyldioctadecylammonium bromide; aluminium adjuvants; DNA adjuvants; .gamma.-inulin; and an encapsulating adjuvant.

(b) injecting the neurotoxin into the subarachnoid space.

31. A method for the in vivo attenuation of a nociceptive activity or experience of a human patient, the method comprising the step of intraspinal administration to a human patient a therapeutically effective amount of a botulinum toxin, wherein the botulinum toxin is not attached to a neuronal targeting moiety thereby causing an in vivo attenuation of a nociceptive activity or experience of the human patient, wherein the botulinum toxin is a recombinantly produced botulinum toxin.

33. The method of claim 31, wherein the botulinum toxin is selected from the group consisting of modified botulinum toxins A, B, C, D, E, F and G.

34. The method of claim 33, wherein the botulinum toxin is a botulinum toxin type A.

35. A method for treating pain, the method comprising the steps of:

(a) selecting a neurotoxin free of any neuronal targeting moiety;

(b) choosing a portion of an intraspinal region of a patient which influences pain;

(c) intraspinally administering an effective amount of the neurotoxin selected, thereby alleviating pain experienced by the patient, wherein the neurotoxin is a recombinant produced botulinum toxin.

36. A method for treating pain, the method comprising the step of administering an effective amount of a pharmaceutical preparation to an intraspinal region or to a dorsal root ganglion of a mammal, thereby alleviating pain experienced by the mammal, wherein the pharmaceutical preparation comprises a neurotoxin which is free of any neuronal targeting moiety and wherein the neurotoxin is a recombinantly produced botulinum toxin.

## Search Results - Record(s) 51 through 75 of 75 returned.

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